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Bib Data Sheet

CONFIRMATION NO. 5505

SERIAL NUMBER 09/924,275	FILING DATE 08/08/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 10527-118004
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APPLICANTS

Kevin R. Heath, Providence, RI;

** CONTINUING DATA *yes*

THIS APPLICATION IS A CIP OF 09/076,520 05/12/1998 PAT 6,287,331 *Pharm*
 WHICH IS A CON OF 08/955,268 10/21/1997 PAT 6,290,721
 WHICH IS A CON OF 08/478,007 06/07/1995 ABN
 WHICH IS A CON OF 08/282,776 07/29/1994 ABN
 WHICH IS A CON OF 07/910,631 07/08/1992 ABN
 WHICH IS A CIP OF 07/861,253 03/31/1992 ABN *
 (*) Data inconsistent with PTO records.

*Ch 7-30 canceled*** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/06/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no						
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	<i>John J. Gagel</i>	<i>Examiner's Signature</i>	Initials	STATE OR COUNTRY RI	SHEETS DRAWING 5	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 2

ADDRESS

JOHN J. GAGEL
 Fish & Richardson P.C.
 225 Franklin Street
 Boston, MA 02110-2804

TITLE

Tubular medical endoprostheses

FILING FEE RECEIVED 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

26161
FISH & RICHARDSON PC
225 FRANKLIN ST
BOSTON, MA
02110

TITLE

TUBULAR MEDICAL ENDOPROSTHESES

All Fees
 1.16 Fees (Filing)